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Health Care Coverage in Rhode Island: Patterns and Policies

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Improving access to health care for the population of Rhode Island is one of the objectives of the Healthy Rhode Islanders 2010 program.[1] An important component of an individual's access to health care is having the ability to pay for needed services, pharmaceuticals, and other items. For most Americans, that means having coverage for health care costs through private health insurance or a governmental program. Since the United States does not guarantee universal coverage for its citizens, an individual's health care coverage is strongly dependent on a variety of social, demographic, and economic characteristics, including age, sex, income, employment status, marital status, family composition, student status, disability, and others. In this analysis of Rhode Island survey data from 2001, we present selected patterns that illustrate how public and private policies determine the likelihood for individuals with different characteristics to have coverage for the costs of their health care.

Methods. The Office of Health Statistics, Rhode Island Department of Health, conducts the Rhode Island Health Interview Survey (RIHIS), a periodic telephone survey with questions on selected social, economic, and demographic characteristics and on health care coverage. In 2001, the survey collected data on a statewide sample of 2,600 participating households with 6,877 members of all ages through a single knowledgeable respondent per household. Persons lacking telephones in their households or residing in institutions are not included in the survey.

The RIHIS employs a series of questions to collect the specific source(s) of health care coverage for each household member. For this report, the detailed information was condensed into a binary indicator for the presence/absence of current coverage. The analysis employed sample weights to adjust for the survey's complex sampling design.

Results. The proportion of persons without health care coverage (HCC) varies strongly by age and sex in Rhode Island. (Figure 1) At the extremes of the age spectrum, coverage is nearly universal; less than 2% of those ages 65 and older and less than 5% of those ages 0-17 lack HCC. Between those extremes, in the working-age population, the proportion without HCC is higher, rising to over 27% among young adult males (ages 20-24).

Within the age range 18-64, more males (12.7%) than females (8.2%) are uninsured. Among younger adults, males are more than twice as likely as females to be without HCC. (Figure 1) At ages 35 and older, the gender differences become much smaller, with more females uninsured in the age range 55-64.

For the working-age group, marital status is an important determinant of HCC. Only 4.1% of married persons are uninsured compared to 17.5% of unmarried persons. By

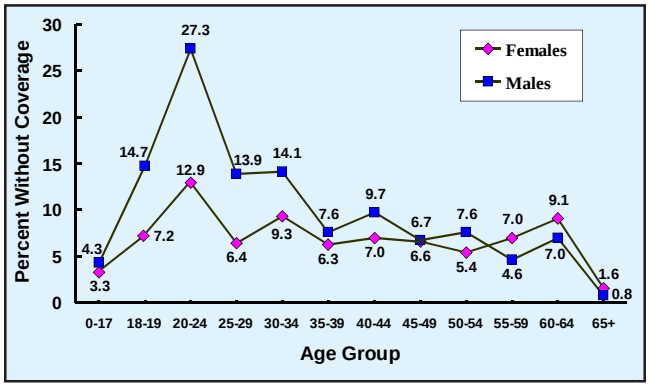

Figure 1. *Lack of health care coverage, by age group and sex, Rhode Island, 2001.*

gender, there is little difference in the proportions of married persons without HCC, but unmarried males are far more likely to be uninsured than unmarried females. (Figure 2)

The highest proportions without HCC are among young adults. For women ages 18-24, marriage is an important determinant of coverage, with 5.4% of married women uninsured compared to 12.0% of unmarried persons. Males in this age group have high proportions without coverage, whether married or unmarried. Student status has a stronger impact: 7.0% of students in the age group 18-23 (chosen to reflect the terms of most private insurance family coverage) are uninsured versus 26.6% of non-students, including those who are employed.

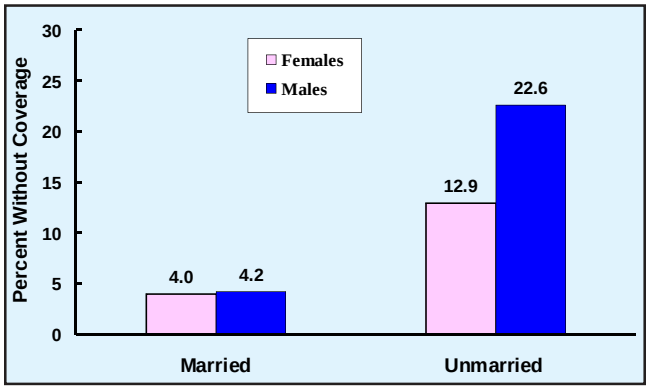

Figure 2. *Lack of health care coverage among persons ages 18-64, by marital status and sex, Rhode Island, 2001.*

The likelihood of HCC is highly dependent on household income for both working-age adults and children. With increasing income (expressed in multiples of the federal poverty level for 2001), the proportions of both groups who are uninsured decline uniformly. (Figure 3) At each income level, the percent uninsured is higher among adults than among children, but the differences are much larger for those whose incomes are below three times the poverty level.

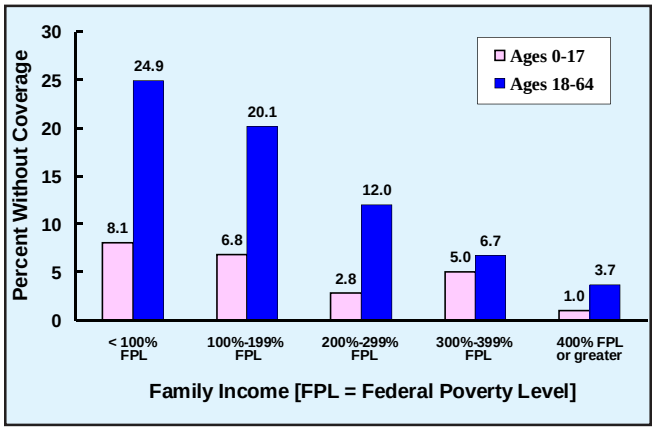

Figure 3. *Lack of health care coverage among persons ages 0-64, by family income and age group, Rhode Island, 2001.*

Discussion. The patterns of health care coverage exhibited in the analysis of the Rhode Island Health Interview Survey data mirror the policy decisions made by governments, employers, and private insurers when they design programs to cover groups of individuals defined by their characteristics. For each pattern there is a policy or policies that contributes to it. A clear example is that coverage among the elderly is almost universal because the Medicare program was created with minimal eligibility requirements for those ages 65 and older.

At the other age extreme, children are well covered because employers and insurers have often combined to offer family coverage as a benefit of employment, and Medicaid and similar government programs have targeted low-income children in single parent families, a group that is otherwise very likely to lack HCC. Low-income children are more likely to have coverage than low-income adults; this occurs in great measure because the government programs that target families with children typically have a ceiling on family income for eligibility. At higher incomes, where these programs have little or no impact, the difference in coverage rates between adults and children diminishes.

At ages 18 and 19 the rate of uninsured turns strongly upward because private insurers and Medicaid do not include most persons in that age group in the coverage provided families. The notable exception is students, who exhibit high rates of coverage through the upper age limit for inclusion in private family coverage, usually 23 in Rhode Island.

Married people fare better than unmarried people in their rates of coverage. Again, a combination of policies in the public and private sectors supports this differential. Private insurers and employers often provide family coverage, which includes the employee's spouse in the coverage. Medicaid covers single-parent families, most of which are headed by single women, a policy that contributes to the observation that unmarried women are more likely to be covered than unmarried men.

The patterns of health care coverage in Rhode Island's population are complex, reflecting the multiplicity of public and private policies that have been established for the provision of health coverage. Policy-makers define specifically who will be covered by their programs and benefit plans; at the same time they decide just as specifically who will not be covered. As a result, 45 million Americans,[2] among them nearly 70,000 Rhode Islanders, have no coverage for the health care they need.

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